Dental Practice Name:

 Address:

 Tel No:

To:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the above individual is under your care. I have referred to both NICE Clinical Guideline 64 and the SDCEP implementation advice on *Prophylaxis Against Infective Endocarditis* and I am writing to enquire whether, due to their heart condition, it is your opinion that this patient requires antibiotic prophylaxis against infective endocarditis before undergoing invasive dental procedures.

I would be very grateful if you could reply to the address above and provide details of the patient’s heart condition, any related medications and whether, in your opinion, antibiotic prophylaxis is appropriate if the patient is undergoing an invasive dental procedure such as an extraction.

I have discussed the matter with [*Enter Patient/parent/carer name*] and she/he is happy that I discuss this important issue with you.

Yours sincerely,

Dental Practitioner